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JUL 28 2006

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To:	Company:	Fax Number:	Tel Number:
Examiner:	U.S. Patent and Trademark Office	571 - 273 - 8300	
Johannes P. Mondt		Art Unit 3663	

From: Dariush G. Adli For internal purposes only: Please Return Fax to Rosa V.
Date: July 28, 2006 Client number: 88519.0001
Time: Attorney billing number: 5214
Total number of pages incl. cover page: 11 Confirmation number:

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MESSAGE:

Patent Application No.: 10/748,734; Our Ref. 88519.0001
I hereby certify that the following documents:

- Amendment Transmittal.
- Supplemental Amendment Under 1.116
- Petition for Extension of Time.

July 28, 2006
Date of Deposit


Firoozeh Vakilzadeh

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

FORM PTO-1083
Appl. No. 10/748,734RECEIVED
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PATENT

Attorney Docket No. 88519.0001
Customer No. 26021

JUL 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Ken NAKAHARA
 Serial No.: 10/748,734
 Filed: December 30, 2003
 For: TRANSPARENT ELECTRODE

Art Unit: 3663
 Examiner: Mondt, Johannes P.
 Confirmation No.: 7543

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

I hereby certify that this correspondence
 is being transmitted via facsimile to
 (571) 273-8300:
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 July 28, 2006
 Date of Deposit
 Firoozeh Vakilzadeh
 Name
 Signature 7/28/06 Date

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement.

- Supplemental Amendment.
 Petition for Extension of Time.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	14	**	0	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	4	-	5	***	0	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS		LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180				\$ 0	
Independent Claims: 4, 5, 13, 14						TOTAL	\$ 0.

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" In this space.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge the fee of \$0 to cover the additional claim fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Please charge the fee of \$450 for the two-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

Date: July 28, 2006

Biltmore Tower
 500 South Grand Avenue, Suite 1900
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By 
 Dariush G. Adli
 Registration No. 51,386
 Attorneys for Applicants

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